

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214506416				
1.) CORPORATION NAME: ASSIGNED SETTLEMENT, INC. <div style="float: right; text-align: right;">DUE DATE: 2/28/2014</div>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street <div style="float: right; text-align: right;">SCC ID NO: 03166493</div>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY						
4.) STATE OR COUNTRY OF INCORPORATION: VA						
5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>			CLASS	AUTHORIZED	COMMON	5,000
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COMMON	5,000					
6.) PRINCIPAL OFFICE ADDRESS: <div style="margin-top: 10px;"> ADDRESS: 6610 W BROAD STREET CITY/ST/ZIP: RICHMOND, VA 23230 </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAUL A HALEY TITLE: PRESIDENT ADDRESS: 6620 W BROAD ST CITY/ST/ZIP/CO: RICHMOND, VA 23230 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PAUL A HALEY TITLE: PRESIDENT ADDRESS: 6620 W BROAD ST CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	LEON E RODAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	6620 W BROAD ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	MICHELE L TRAMPE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP / CONTROLLER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	Lisa J Baldyga	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	JOSEPH C EARLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	DEBRA R LUSK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	Jeffrey S. Wright	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6620 W BROAD ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	RICHARD K TANGARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	EDWARD A TEPPER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	AMY R. CORBIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP / CFO		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	THERESA A MYERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	VIDAL J TORRES JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6620 W BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME: Scott R. Reeks TITLE: DIRECTOR ADDRESS: 6620 West Broad Street CITY/ST/ZIP/CO: Richmond, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Hope M. Vaughan TITLE: ASST SECRETARY ADDRESS: 6620 West Broad Street CITY/ST/ZIP/CO: Richmond, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ Hope M.Vaughan SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Hope M.Vaughan, PRINTED NAME AND CORPORATE TITLE	1/30/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		